MISSOURI

DIVISION OF MEDICAL SERVICES

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) standards, DMS has replaced many state specific level III codes. HIPAA mandates that states allow providers to bill for services using the standard code sets. This bulletin contains important information regarding the changes in Healthy Children and Youth (HCY) procedure codes and the elimination of state specific coding.

HCY SCREENING PROCEDURE CODE UPDATES

Effective for dates of service on or after October 16, 2003, the procedure codes for HCY full or partial screenings (W0025 XC-XQ) will change to Current Procedural Terminology (CPT) preventive medicine codes 99381-99395.   Modifiers must be used to identify the screening being furnished. See Attachment A for a list of procedure codes and modifier updates.

Components of the HCY/EPSDT screening which may be furnished separate from a full or partial screening are identified below. These screenings must be billed using unlisted preventive medicine procedure code 99429. Other than a partial dental screening, specific modifiers must be used with each of the following partial screenings to identify the service being furnished. See Attachment A for a list of the procedure code and modifier updates.

> Dental
> Developmental/Mental Health
> Hearing
> Vision

Definitions for modifiers are provided below:

- EP - Service provided as part of Medicaid/MC+ early periodic, screening, diagnosis, and treatment (EPSDT).   Modifier EP must be used as indicated on Attachment A.

- 21 - Prolonged evaluation and management services. Modifier 21 must be used when completing a full HCY screen to include all ten components.

    A full HCY/EPSDT screen includes the following:
    Interval History
    Unclothed Physical Examination
    Anticipatory Guidance
    Lab/Immunizations
    Lead Assessment
    Development Personal-Social and Language
    Fine Motor/Gross Motor Skills
    Hearing
    Vision
    Dental

- 52 – Reduced services. Modifier 52 must be used when all the components for the unclothed physical and history procedure code (99381-99395) have not been met according to CPT. It must also be used with procedure code 99429 to identify that the components of a partial HCY vision screen have been met.

    An unclothed physical and history includes the following per CPT:
    Interval history
    Unclothed physical examination

Anticipatory guidance/counseling/risk factor reductions interventions

> Lead assessment and testing is included as part of the risk factor reduction interventions.   Lead testing remains mandatory at 12 and 24 months of age. Any state testing laws that exceed Medicaid requirements must also be followed.

Lab – includes lead testing

Immunizations

- 59 – Distinct Service. Modifier 59 must be used to identify the components of an HCY screen when only those components related to developmental and mental health are being screened.

- UC – EPSDT Referral for follow-up care. The modifier UC must be used when the child is referred on for further care as a result of the screening. The modifier UC must always appear as the last modifier on the claim.

Reference Section 9 of the provider manual at www.dss.state.mo.us/dms for policy related to HCY screens.

Providers must begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after October 16, 2003. Claims submitted October 16, 2003 and after for dates of service prior to October 16, 2003 must be submitted using the old procedure codes and modifier(s).

HEALTHY CHILDREN AND YOUTH CASE MANAGEMENT PROCEDURE CODES

Effective for dates of service on or after July 1, 2003, the procedure codes for HCY case management will change to Current Procedural Terminology (CPT) coding. These codes are time specific. Providers may bill up to 4 units for the initial month visit and up to 2 units for each subsequent month visit. See Attachment A for a list of the procedure code updates. Specific modifiers must be used with these codes. Definitions for modifiers are provided below:

- EP - Service provided as part of Medicaid/MC+ early periodic, screening, diagnosis, and treatment (EPSDT). Modifier EP must be used as indicated on Attachment A.
- TS – Follow up service. Modifier TS must be used for subsequent visits.

HCY case management must be prior authorized. Reference Section 13.66 of the physician's provider manual at www.dss.state.mo.us/dms for more information on case management services.

Providers must begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after October 16, 2003. Claims submitted October 16, 2003 and after for dates of service prior to October 16, 2003 must be submitted using the old procedure codes and modifier(s).

LEAD CASE MANAGEMENT PROCEDURE CODES

Effective for dates of service on or after July 1, 2003, the procedure codes for lead case management will change to Current Procedural Terminology (CPT) coding. These codes are

time specific. Providers may bill up to 4 units per code. See Attachment A for a list of the procedure code updates. Specific modifiers must be used with these CPT codes. Definitions for modifiers are provided below:

- UA - Lead service. Modifier UA must be used for all codes to identify it as a service pertaining to Lead.
- TS - Follow up service. Modifier TS must be used for subsequent visits.

Reference Section 13.66 of the physician's provider manual at www.dss.state.mo.us/dms for more information on case management services.

Providers must begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after October 16, 2003. Claims submitted October 16, 2003 and after for dates of service prior to October 16, 2003 must be submitted using the old procedure codes and modifier(s).

ENVIRONMENTAL LEAD ASSESSMENT

Effective for dates of service on or after July 1, 2003, the procedure codes for Environmental Lead Assessment will change to Current Procedural Terminology (CPT). See Attachment A for a list of the procedure code updates. The first reassessment does not require a modifier other than UA. Specific modifiers must be used with these codes. Definitions for modifiers are provided below:

- UA - Lead service. Modifier UA must be used for all codes to identify it as a service pertaining to Lead.
- TG - Complex/high tech level of care. Modifier TG must be used for the initial assessment.
- TF - Intermediate level of care. Modifier TF must be used for the second re-assessment.
- TS - Follow up service. Modifier TS must be used for subsequent re-assessments.

Reference Section 9 of the provider manual at www.dss.state.mo.us/dms for more information on environmental lead assessments.

Providers must begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after October 16, 2003. Claims submitted October 16, 2003 and after for dates of service prior to October 16, 2003 must be submitted using the old procedure codes and modifier(s).

EPS DIAGNOSIS CODE

Effective October 16, 2003 EPS diagnosis code must no longer be used. Diagnosis code V20.2 must be used for dates of service July 1, 2003 and after in any instance the EPS diagnosis code was previously required.

Provider Communications
(800) 392-0938
or
(573) 751-2896

Attachment A

Modifier UC must be used with any W0025 replacement code if child was referred for further care as a result of the screening. Modifier UC must always appear as the last modifier.

SCREENING							
PREVIOUS TOS	PREVIOUS PROCEDURE CODE	PREVIOUS MODIFIER	NEW TOS	NEW PROCEDURE CODE (Use Age Appropriate Code)	NEW MODIFIER 1	NEW MODIFIER 2	PRICE
Full Medical Screening							
New Patient							
1, 9, 3	W0025	XC, XD	1, 9, 3	99381	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99382	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99383	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99384	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99385	21	EP	60.00
Established Patient							
1, 9, 3	W0025	XC, XD	1, 9, 3	99391	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99392	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99393	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99394	21	EP	60.00
1, 9, 3	W0025	XC, XD	1, 9	99395	21	EP	60.00
Unclothed Physical and History							
New Patient							
1, 9, 3	W0025	XI, XJ	1, 9, 3	99381	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99382	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99383	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99384	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99385	EP		20.00
Established Patient							
1, 9, 3	W0025	XI, XJ	1, 9, 3	99391	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99392	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99393	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99394	EP		20.00
1, 9, 3	W0025	XI, XJ	1, 9	99395	EP		20.00

REDUCED PREVENTATIVE SCREENING							
PREVIOUS TOS	PREVIOUS PROCEDURE CODE	PREVIOUS MODIFIER	NEW TOS	NEW PROCEDURE CODE (Use Age Appropriate Code)	NEW MODIFIER 1	NEW MODIFIER 2	PRICE
New Patient							
1, 9, 3	99381		1, 9, 3	99381	52	EP	23.00
1, 9	99382		1, 9	99382	52	EP	23.00
1, 9	99383		1, 9	99383	52	EP	23.00
1, 9	99384		1, 9	99384	52	EP	23.00
1, 9	99385		1, 9	99385	52	EP	23.00
Established Patient							
1, 9, 3	99391		1, 9, 3	99391	52	EP	15.00
1, 9	99392		1, 9	99392	52	EP	15.00
1, 9	99393		1, 9	99393	52	EP	15.00
1, 9	99394		1, 9	99394	52	EP	15.00
1, 9	99395		1, 9	99395	52	EP	15.00

PARTIAL SCREENING							
PREVIOUS TOS	PREVIOUS PROCEDURE CODE	PREVIOUS MODIFIER	NEW TOS	NEW PROCEDURE CODE (Use Age Appropriate Code)	NEW MODIFIER 1	NEW MODIFIER 2	PRICE
HCY Dental Screen							
M, 7	W0025	XK	7, M	99429			20.00
M, 7	W0025	XL		99429	UC		
Developmental/Mental Health Partial Screen							
1,9,M,K	W0025	XE	1,9,M,K	99429	59		15.00
1,9,M,K	W0025	XF		99429	59	UC	
HCY Hearing Screen							
1,9,M,K,V	W0025	XP	1,9,M,K,V	99429	EP		5.00
1,9,M,K,V	W0025	XQ		99429	EP	UC	
Vision Screening							
1,9,M,B	W0025	XM	1,9,B,M	99429	52		5.00
1,9,M,B	W0025	XN		99429	52	UC	

HCY CASE MANAGEMENT							
PREVIOUS TOS	**PREVIOUS PROCEDURE CODE**	**PREVIOUS MODIFIER**	**NEW TOS**	**NEW PROCEDURE CODE** (Use Age Appropriate Code)	**NEW MODIFIER 1**	**NEW MODIFIER 2**	**NEW PRICE PER UNIT**
M	Y3124	YG	M	T1016	EP		$12.50
M	Y9602		M	T1016	EP	TS	$10.00
LEAD CASE MANAGEMENT							
M	Y9099	YG	M	T1016	UA		$12.50
M	Y9099		M	T1016	UA	TS	$10.00
ENVIRONMENTAL LEAD ASSESSMENT							
M	X4029		M	T1029	UA	TG	$161.00
M	X4030		M	T1029	UA		$81.00
M	X4031		M	T1029	UA	TF	$40.00
M	X4032		M	T1029	UA	TS	$35.00